

**ISSUE SLIP STAPLE AREA (for additional cross references)**

BEST AVAILABLE COPY

POSITION	INITIALS	ID #.	DATE
FEE DETERMINATION	DT		
O.I.P.E. CLASSIFIER		31	3/22/99
FORMALITY REVIEW	EUB	66793	03/25/99

## **INDEX OF CLAIMS**

<input checked="" type="checkbox"/>	Rejected	N .....	Non-elected
<input type="checkbox"/>	Allowed	I .....	Interference
<input type="checkbox"/>	(Through numeral) ... Canceled	A .....	Appeal
<input type="checkbox"/>	Restricted	O .....	Objected

Claim		Date
Final		
Original		
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
10	✓	
11	✓	
12	✓	
13	✓	
14	✓	=
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16	✓	=
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18	✓	=
19	✓	
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22	✓	
23	✓	=
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25	✓	0
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28	✓	0
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30	✓	✓
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32	✓	0 ✓
33	✓	
34	✓	
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40	✓	✓
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Final	Original							Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here